## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

## CORPORATION ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(0)G90807

ARTCRAFT HOME DECOR, INC.

1998

DOCUMENT #

Principal Place of Business

BOYNTON BCH, FL 33062

2. Principal Place of Business

1103 N FEDERAL HWY

**SIGNATUR** 

21

Mailing Address

2a. Mailing Address

1103 N FEDERAL HWY

BOYNTON BCH, FL 33435

## **FILED** Jan 21 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

Applied For

Not Applicable

3. Date incorporated or Qualified

02/09/1984

59-2369275

4. FEI Number

Suite, Apt.	Suite, Apt. #, etc.  Suite, Apt. #, etc.  27					5. Certificate of Status Desired		\$8.75 / Fee Re		
	City & State City & State					6. Election Campaign Financing	- 1	\$5.00	<del></del>	
23	28					Trust Fund Contribution		Added		
Zip	Country	Zip	Cou	untry		8. This corporation owes or has paid the current year Intangible				
24						Personal Property Tax due June 30.  Yes No				
	9. Name and Address of Curre	nt Registered Agent	81		10, Name and Address of New F	egistered	Agent			
MEREDITH, M.W.					Name			•		
1103 N. FEDERAL HWY					Street Addre	ss (P.O. Box Number is Not Accepta	ible)		<del></del>	
BOYNTON BCH. FL 33435										
					83					
					City			85 Zip	Code	
					FL ST					
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered										
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.										
SIGNATURE Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating)  DATE										
12.				egistered Agent signature require		ADDITIONS/CHANGES TO OFF		D DIBECTOR	RS IN 12	
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NAME	MEREDITH, MARTIN W.		1.2 N	AME	1					
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NAME			5.2 N/						}	
STREET ADDRESS			6.3 STREET		į.					
CITY-ST-ZIP	artify that the information avention.	with this filling does not qualify for		TY-ST-		ection 110 07/21/0 Florida Statutes	l further o	Artiful that the	information	
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or truestee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.										

E MW MEREDITH